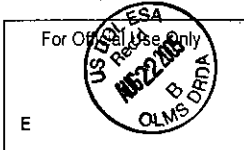


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-012-619</u> <u>12589</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>WILLIAM J WHELAN</u> P.O. Box, Bldg., Room No., if any Street <u>111 ACAPULCO ST</u> City <u>ATLANTIC BEACH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11509</u>	4. Name, file number and address of labor organization. Name <u>LOCAL 584, IBT</u> Labor Organization File Number <u>012-619</u> P.O. Box, Building and Room Number, if any Street <u>73 HUDSON ST</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05
Date

516 371 1348
Telephone Number

Name of Person Filing

WILLIAM J. WHELAN

File Number U-

012-619

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

LOCAL 584 TRUST FUND

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

73 HUDSON ST

City

NEW YORK

State

NEW YORK

ZIP Code + 4 10013

9. Business deals with:



a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

RELATED PENSION FUND
FOR UNION MEMBERS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1/04 PAYMENT FOR 12/03
MEETING w/ INVESTMENT
CONSULTANT, S. WENDLING.
CHICAGO, ILL.

12.b. Amount.

\$ 809.82

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing WILLIAM J. WHELAN	File Number U- 012-619
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LOCAL 584 TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 73 HUDSON ST</p> <p>City NEW YORK</p> <p>State NEW YORK ZIP Code + 4 10013</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>RELATED HEALTH + PENSION FUNDS FOR UNION MEMBERS</p>
<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p>NATIONAL LABOR MANAGEMENT CONFERENCE 2/2 - 2/17/04 HOLLYWOOD, FLA.</p> <p>AIRFARE, LODGING, REGISTRATION FEES + REASONABLE EXPENSES</p>
<p>12.b. Amount.</p>	<p>\$ 3,942.56</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14 b. Amount of payment.</p>

Name of Person Filing **WILLIAM J. WHELAN**File Number U- **012-619**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name **LOCAL 584 TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **73 HUDSON ST**City **NEW YORK**State **NEW YORK** ZIP Code + 4 **10013**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

RELATED HEALTH + PENSION FUNDS FOR UNION MEMBERS11.b. Approximate dollar value of such dealing **\$9,556,913**

12.a. Nature of interest held or income received.

**EDUCATIONAL CONFERENCE
3/14 - 3/17/04 LAS VEGAS, NV
TEAMSTER TRUSTEE EDUCATION
AIR, LODGING, EXPENSES**12.b. Amount. **\$3,596.02**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing WILLIAM J. WHELAN	File Number U- 012-619
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. RELATED HEALTH + PENSION FUNDS FOR UNION MEMBERS 11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest he c. or income received LUNCH @ TRUSTEE MEETING 3/10/04 12.b. Amount. \$98.79

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing WILLIAM J. WHELAN	File Number U- 012-619
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11 a. Nature of such dealing. RELATED HEALTH + PENSION FUNDS FOR UNION MEMBERS 11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest held or income received LUNCH @ TRUSTEE MEETING 4/21/04 12.b. Amount. \$34.61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing WILLIAM J. WHELAN	File Number U- 012-619
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11 a. Nature of such dealing. RELATED HEALTH & PENSION FUNDS FOR UNION MEMBERS 11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest he/c or income received. LUNCH @ TRUSTEE MEETING 6/3/04 12.b. Amount. \$89.31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14 a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14 b. Amount of payment.

Name of Person Filing

WILLIAM T. WHELAN

File Number U-

012-619

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 584 TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No. if any

Street 73 HUDSON ST

City NEW YORK

State NEW YORK ZIP Code + 4 10013

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

RELATED PENSION FUND FOR UNION MEMBERS

11.b. Approximate dollar value of such dealing. \$9,556,913

12.a. Nature of interest held or income received.

JULY 2004 MEETING IN CHICAGO, ILL. w/ INVESTMENT CONSULTANT AIRFARE, LODGING, EXPENSES

12.b. Amount. \$1,184.85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing

WILLIAM J. WHELAN

File Number U-

012-619

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

LOCAL 584 TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

73 HUDSON ST

City

NEW YORK

State

NEW YORK

ZIP Code + 4 10013

9 Business deals with:



a. Labor Organization

b. Trust

c. Employer

10. If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

RELATED HEALTH + PENSION
FUNDS FOR UNION
MEMBERS

11.b. Approximate dollar value of such dealing

\$9,556,913

12.a. Nature of interest held or income received.

LUNCH @ TRUSTEE MEETING
9/8/04

12.b. Amount.

\$34,61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing WILLIAM J. WHELAN	File Number U- 012-619
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. RELATED HEALTH + PENSION FUNDS FOR UNION MEMBERS <hr/> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. INTERNATIONAL FOUNDATION ANNUAL DUES FOR 2004-2005 EDUCATIONAL PROGRAMS PAID 10/29/04. 12.b. Amount. \$48.07

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing **WILLIAM J. WHELAN**File Number U- **012-619**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name **LOCAL 584 TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **73 HUDSON ST**City **NEW YORK**State **NEW YORK** ZIP Code + 4 **10013**

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

RELATED HEALTHY PENSION FUNDS FOR UNION MEMBERS11.b. Approximate dollar value of such dealing. **\$9,556,913**

12.a. Nature of interest held or income received.

LUNCH @ TRUSTEE MEETING, 11/04/04

12.b. Amount.

\$ 35.67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.